File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A



__YES ____NO

Fax: 515-281-4073	DISCLOSURE SI			2009 JAN	20 PM 1: 14	
COMMITTEE NAME (Must be	same as on Statement of Organiza	ation)			1.4	
Witt for Auditor Committee	-	,		FORM		
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue			cal AC (DR-2 (Rev. 07/2007) DISCLOSUR REPORT For Office Use Only Comm. #		
Candidate Name Cindy Witt Office Sought County Auditor	ONLY:	Political Party (if applicable) Democratic District (if Senate or House)	-	Scanned Computer Audited		
Late reports are subject to possit	ole civil and criminal penalties. Pursua	nt to Iowa Code sections 68B.32 319 - 827 - 37に7 TELEPHONE		1/15/09		
I AM FILING A January 19th		REPORT FOR (1) ELECTIO	N /(2)NO	N-ELECTION Y	/FAR	
	port date)	Indicate by	<u></u>		11 11	
CHECK IF AMENDMENT TO	O REPORT DATED	·		ommittees, enter	Date of Flories	
	ation) report and attach Notice of Dis o file reports until a DR-3 is filed.)	ssolution Form DR-3.	Nover County	mber 4, 2008 & Local Committe Election is held	es, enter County in	
STATEM	ENT OF CASH ON HAND					
committee. This amo	ing of the reporting period. (Total o ount MUST be the same as the cash eriod or must be zero if this is first re	on hand at the end		\$	·	
Schedule A: Cash Co	TAKEN IN THIS PERIOD Ontributions total (Attach Schedule A	, ,			· · · · · · · · · · · · · · · · · · ·	
	eceived total (Attach Schedule F)				·	
	ales of Campaign Property (Attach S	*				
(Schedule H	applies to Candidates' Committe					
		SUB-TOTAL		\$		
Schedule B: Expendi	MONEY SPENT THIS PERIOD tures total (Attach Schedule B) (**al epayments total (Attach Schedule F)		-			
	this reporting period (if final report b			524.80		
	ule D - Attach Schedule D)					
·	From Schedule E - Attach Schedule	•				
**OUTSTANDING LOANS (Fro	om Schedule F - Attach Schedule F))		\$		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	_ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Witt for Auditor Committee	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/1/08	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704		\$.35	
12/1/08	ID# CK#	Veridian Credit Union PO Box 6000 Waterloo, IA 50704		.34	
	ID# CK#	waterion IA 30714			
	ID# CK#				
	ID#				
	ID#				
	CK#				
	ID# CK#				
	1	<u> </u>	SUB-TOTAL		t

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Witt for Auditor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANS	ACTION)	AMOUNT EXPENDED
12/20/08	ID# CK#0906	State of Iowa	Penalty		\$ 20.00
	ID# CK#				
	ID#				
	ID#				
	ID#				
	OI NIT			SUB-TOTAL	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 1	^	. 1	
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\$ 20.00

TOTAL (if last page of this schedule)